

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-028390

FILED VS AUG 25 1955 **3**

3010

288

STATE FILE NUMBER

INDEXED

11/3/59
11/3/59

Unknown
DOCUMENT

23c Memorial Park
BY AFFIDAVIT OF Mother

1. PLACE OF DEATH a. COUNTY Cape Girardeau			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cape Gir.			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cape Girardeau		Length of stay in 1b 2 years	c. CITY OR TOWN Cape Girardeau		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Southeast Mo. Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 834 Merrivether		
3. NAME OF DECEASED (Type or print) First Lawrence Middle Meredith Last Hardesty			4. DATE OF DEATH Month August Day 17 Year 1959			
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 10-5-1935	9. AGE (last birthday) 23 IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Gunners Mate - Navy		10b. KIND OF BUSINESS OR INDUSTRY U. S. Navy	11. BIRTHPLACE (City and state or country) San Antonio, Texas		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME UNKNOWN			13b. MOTHER'S MAIDEN NAME Mary Elizabeth Jackson			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES Active duty now			16. SOCIAL SECURITY NO. 453-46-2324	17. INFORMANT H. M. C. Kenneth Aldrich Cape		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Self Inflicted Gun Shot Wound in Chest DUE TO (b) 22 Automatic Pistol, Two shots. DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)				
20c. TIME OF INJURY 8:40 A. - 8-17-59	20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) U. S. Naval Reserve Armory	20f. CITY, TOWN, OR LOCATION Cape Girardeau	COUNTY Cape Gir.	STATE	
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at 9:20 A. _____ m on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) Walter J. Ford Coroner			22b. ADDRESS Cape Girardeau, Mo.		22c. DATE SIGNED 8-18-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 8-18-59	23c. NAME OF CEMETERY OR CREMATORY Memorial Park	23d. LOCATION (City, town, or county) (State) Amarillo, Texas			
24. FUNERAL DIRECTOR Ford & Sons		ADDRESS Cape Girardeau, Mo.	25. DATE RECD. BY LOCAL REG. 8-19-1959	26. REGISTRAR'S SIGNATURE Irene Kaston		

SEP 2 8 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Walter J. Ford

Licensed Embalmer No. 5057

P. O. Address Cape Girardeau,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do with the above, constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.

AUG 27 1959